

A: 2/11/15

MAUI COUNTY BOARD OF ETHICS
c/o Department of the Corporation Counsel
200 South High Street
Wailuku, Maui, Hawaii 96793
Phone: 270-7740 Facsimile: 270-7152

2015 JAN -8 PM 3: 55

FINANCIAL DISCLOSURE STATEMENT

RECEIVED
BOARD OF ETHICS

Name: PAUL J. MEYER

This is a:
(check one)

- ☐ First-time filing
☒ Annual update
☐ Interim new information update

Daytime Telephone Number: EXT. 7834

Mailing Address: 240 HO'OPALUA DRIVE, MAKAWAO, HI 96768

I am a:
(check one)

- ☐ Candidate for public office
Name of public office: _____
Date of filing of nomination papers: _____
- ☒ Elected or appointed official of the County of Maui
Position title: DEPUTY DIRECTOR OF WATER SUPPLY
Date of election or appointment: _____
- ☐ Board or Commission member
Name of Board/Commission: _____
Date of appointment (month/year): _____

ITEM 1--ANNUAL INCOME (Include retirement income)		
OCCUPATION (For Previous Calendar Year)	EMPLOYER AND BUSINESS ADDRESS	ANNUAL COMPENSATION* (see letter code below)
Yourselves: DEPUTY DIRECTOR	COUNTY OF MAUI DEPT. OF WATER	E
Spouse: ATTORNEY	MANCINI, WELCH & GEIGER 305 E. WAKEA AVE., SUITE 200 KAHULUI, HI 96732	F
Dependent Children:		
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

*For dollar amount value, please use appropriate letter code as follows:

- | | | |
|--------------------------|----------------------------|----------------------------|
| (A) Less than \$1,000 | (D) \$25,000 to \$49,999 | (G) \$200,000 to \$499,999 |
| (B) \$1,000 to \$9,999 | (E) \$50,000 to \$99,999 | (H) \$500,000 to \$999,999 |
| (C) \$10,000 to \$24,999 | (F) \$100,000 to \$199,999 | (I) \$1,000,000 or more |

ITEM 2--OTHER EARNINGS, INCOME, OR COMPENSATION IN ANY FORM		
SOURCE	ANNUAL AMOUNT OR RANGE* (see letter code below)	CONSIDERATION PERFORMED OR GIVEN FOR COMPENSATION DISCLOSED IN THIS ITEM (if any)
MAUI LAND & PINEAPPLE CO., INC. & OTHER RETIREMENT PLANS	F	PENSION, DEFERRED COMP. & RETIREMENT BENEFITS
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

ITEM 3--EACH OWNERSHIP OR BENEFICIAL INTEREST HELD IN ANY COMPANY CARRYING ON BUSINESS IN THE STATE (Including publicly traded companies in which you own stock)	
NAME, LOCATION & NATURE OF BUSINESS	PERCENT OWNERSHIP & VALUE OF YOUR INVESTMENT* (see letter code below)
CARDINAL, LLC	100% A
MEYER ASSOCIATES, LLC	100% B
HALIIMAILE PINEAPPLE CO., LTD.	2% A
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None	

ITEM 4--IDENTIFY EACH CREDITOR INTEREST CURRENTLY HELD BY YOU IN AN INSOLVENT BUSINESS	
NAME, LOCATION OF INSOLVENT BUSINESS	AMOUNT OWED* (see letter code below)
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None	

ITEM 5--YOUR PERSONAL RESIDENCE		
MORTGAGE HOLDER	PRESENT AMOUNT OWED* (see letter code below)	ADDRESS OF PROPERTY
BANK OF HAWAII	\$200,000.00	240 HO'OPALUA DR. MAKAWAO, HI 96768
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

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ITEM 6--OTHER DEBT (List all creditors and current debt owed: include mortgages, car and other loans, and credit cards-- list only if balance exceeds \$10,000 at any time over the last 12 months)

NAME OF CREDITORS	PRESENT AMOUNT OWED* (See letter code below)
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None	

ITEM 7--REAL PROPERTY INTERESTS OF ANY KIND IN MAUI COUNTY, EXCLUDING PERSONAL RESIDENCE (if owned by business entity, hui, or partnerships, indicate name of entity and general partner)

STREET ADDRESS (IF NONE, PROVIDE TAX MAP KEY NO.)	OWNERSHIP OF PROPERTY (HOW IS TITLE HELD)	PERCENT OWNERSHIP	VALUE OF YOUR INTEREST * or TAX ASSESSMENT (see letter code below)
<input type="checkbox"/> Additional sheet attached <input checked="" type="checkbox"/> None			

ITEM 8--OFFICER, DIRECTOR, OR TRUSTEE POSITIONS (including companies and non-profits)

NAME AND LOCATION OF ORGANIZATION/BUSINESS	TYPE OF POSITION HELD	NATURE OF ORGANIZATION/BUSINESS
SEABURY HALL	TREASURER/TRUSTEE	NON-PROFIT SCHOOL
<input type="checkbox"/> Additional sheet attached <input type="checkbox"/> None		

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ITEM 9--PERSONS, FIRMS OR ORGANIZATIONS YOU HAVE REPRESENTED BEFORE COUNTY AGENCIES IN THE LAST YEAR

NAME OF PERSON, FIRM OR ORGANIZATION	NAME OF COUNTY AGENCY	NATURE OF MATTER

☐ Additional sheet attached ☒ None

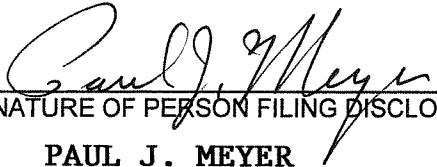
ITEM 10--GIFTS: List gifts received from a single source with aggregate value of \$50 or more within the last year preceding the filing of this form (see instructions)

WHO RECEIVED GIFT (you, spouse, dependent child)	NATURE OF SOURCE, AND SOURCE'S BUSINESS ACTIVITY, IF ANY:	DESCRIPTION OF GIFT	DATE RECEIVED	VALUE OF GIFT (best estimate of value)

☐ Additional sheet attached ☒ None

REMARKS: (Additional information or disclosures)

CERTIFICATION: I hereby certify under penalty of perjury that the above is a true, correct, and complete statement.


SIGNATURE OF PERSON FILING DISCLOSURE
PAUL J. MEYER
PRINT NAME

1/8/15
DATE

Amended 2012

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Revised 2012